

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 107070514		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1							
2			1						
3				1					
4		1			1				
5		1			1				
6	1								
7		1							
8		2							
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TOTAL IND.		5				TOTAL IND.			
TOTAL DEP.		22				TOTAL DEP.			
TOTAL CLAIMS		27				TOTAL CLAIMS			

BEST AVAILABLE COPY